

One of the fastest ways to save money in our system is to shorten the period of time for which persons with conditions that clearly will shorten the remainder of their lives can be given the choice, IF THEY SO CHOOSE, to limit the interventions they receive in the last months of life.

Ought the list of covered services, therefore, also include:

- 1) Home-based primary care and
 - 2) Advance care planning consultation???
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1. Home-Based Primary Care: Not all areas of the state have providers who deliver care in the home, but there is a growing number of patients who can NOT physically get to the doctor's office without medical transport. Care in the home is known to reduce not only medical transport costs but also hospitalizations and LTC expense. So the higher unit cost of a home visit is more than offset by the lowered expense in these other categories. And there is a growing workforce of home health nurses and nurse practitioners that can support higher cost physician hours in delivering these services.
 2. Advance Care Planning Consultation: Illinois has a statute covering the completion of Physician Orders for Life Sustaining Treatment (POLST) that would enable providers to have conversations about end of life care preferences— although resources will be needed to expand training for providers (nurses, doctors, social workers and chaplains) to learn how to have these conversations. There is already a space saved within the state's emerging electronic health information system for POLST forms.

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